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كلية الطب والعلوم الصحية
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طب بشري

Lecture No. 20

ophthalmology

INTRA OCULAR TUMOR

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{ Intra-ocular tumor }

د/ إبراهيم الوزير

* when we take about the intra-ocular tumor the most important and common types are

- melanoma of choroid.
- Retinoblastoma.

* Melanoma: - it's tumor of Pigmentary cells, as we know the pigmentary cells present in ~~every~~ uveal tract that composed of iris, ciliary body, choroid

A) iris melanoma: - 8%

It's usually dependent pigmented nodules at least measure about 3mm.

So that if the nodules less than 3mm most probably suspecte neavus, the site of nodules may be seen in the angle of aqueous draining at this situation will develop to glaucoma

M.B: Clinically iris melanoma is early detected and treatment because it's more obvious so that has good prognosis than ciliary melanoma which is not clear to early diagnosis.

DD: - Large iris neavus

- Leiomyoma → DD of non-pigmented nodules
- local metastasis to iris from any parts.

+++:- small → iridectomy

if angle involve → iridocyclectomy

Advanced Conditions → radiotherapy or Enucleation

Q: what is the difference between Enucleation and Evisceration?

Enucleation: - remove whole eyeball ~~but~~ with portion of optic nerve but spare to extra-ocular muscles

Evisceration: - remove all uveal tract with lens but spare to extra-ocular muscles with sclera

M.B.: movement of eye is better in former type.

B) ciliary body melanoma: - 12%

it's presented in 6th decade of life may be discovered by chance during routine ocular U/S to others cause because in post. to iris as well as has guarded prognosis

* Signs: - see power point

- Sentinal vessels
- extra-ocular vessels
- erosion iris root
- subluxation of lens or retinal detachment

* Treatment: - similar to iris melanoma.

C) choroid melanoma: - 80% of whole uveal tumors most common primary intraocular tumor in adult seen usually in 6th decade with good prognosis

- Histologically there's 2 types {Pattern} of growth tumor: -
1- elevated, brown, subretinal mass which more liable to develop to retinal detachment.

2-

(2)

2- surface pigmentation { lipofuscin } which is the commonest lesion of tumors that has specific sign evidence in U/S which is as doctor said orbital shadowing

- * DD :—
- Large choroidal neovus
 - Localized hemangioma
 - choroidal detachment
 - sub-retinal haemorrhage

* Treatment of choroidal melanoma ?

① Brachytherapy → used this type of therapy when elevated mass < 10 mm and 20 mm diameters.

وهو عبارة عن زرع غرسة مشعة حول منطقة الورم بحيث يكون أكبر من مساحة الورم نفسه فيقوم بإطلاق أشعة تقتل الخلايا السرطانية ويتركوه لفترة مابين ساعة أو ايام في حسب الحالة ومن ثم يتم إزالتها.

② charged particle irradiation.

has some complication like :-

recurrent tumors or appear others one tumors due to radiation therapy.

③ Transpupillary thermotherapy . TTT

As general it's Laser action { burning } . but there's need to heating the lesion then close it's.

مزدودة الاستخراج حالياً

④ local resection through sclera.

M.B: -

if present ciliary tumors but the visual acuity is 6/6 or less than normally don't surgically intervention just only after confirm your diagnosis by appropriate programme of tumor under guidelines.

M.B: . enucleation of eye done after at least 2 specialist ophthalmology give order to need this operation for help the pt from suggestive complication as well as you should be consult the pt. itself.

⑤ Enucleation → very large tumor and loss of vision.

⑥ Exenteration → if extra-ocular tumor spread

5, 6 approach it's most common in Yemen.

M.B Commonest histologic cells seen in melanoma it's spindle cells about 45 %

⇒ Poor prognostic factors: -

- Histologically → epithelioid cells الخلية المثلجة
- large size
- extrascleral extension
- Anterior location
- elderly 65 years

* Features of typically choroid nevi ?

Asymptomatic, seen in 2 % of population, Round & grey with indistinct margins, less than 5 mm location at anywhere.

④

* ttt. of hemangioma in the choroid $\rightarrow$ Radiotherapy.

- melanocytoma affect dark skin individual commonly
whereas choroidal melanoma affect fairer pale skin people.

② Retinoblastoma

The most common malignancy of intraocular in childhood stage
usually presented before age of 3 years

Q: why there's no seen retinoblastoma in adult?

because in childhood the cells still undifferentiated so that
more liable to develop mutation and tumor but in
adult the cells are full differentiated.

• clinically presentation may be symptoms or signs [some time
asymptomatic]

- leuko coria 60% [Commonest presentation]
- strabismus « squints »
- secondary glaucoma
- Anterior segment invasion.
- orbital cellulitis
- orbital invasion.

• early sign $\rightarrow$ white fleck lesion.
 $\rightarrow$ placoid lesion.

• Advanced signs $\rightarrow$ endophytic $\rightarrow$ toward extension
the vitreous
 $\rightarrow$ exophytic $\rightarrow$ choroid extension and
sub-retinal space.

⑤

* Diagnosis of Retinoblastoma by C.T radiation
However it's radiation waves so that may be aggravate the
Condition to bad Prognosis.

You should be done The C.T for one time only to
determine the site and extension.

Q: criteria of diagnosis radiologically ?

optic nerve involument

orbital and CNS extension.

Pinealoblastoma

40 % of cases may be bilaterally

3 % may be tri-laterally → At boths eyes and others
organe.

* TTT :-

الفترة التي تموت الخلايا إما بالحرارة أو البرودة

Small → lesser photocoagulation

TTT → transpupillary thermotherapy

Cryotherapy.

Last NB:- Trapeculectomy is Contraindication with
Case of newVascular glaucoma { Common in D.M Patients }
due to high risk of haemorrhage @ massive due to
highly vascular area » but the best one used
is Cyclo cryotherapy .

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